*Mental Health and Related Services Act 1998*

Section 23

# Form 59

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| **PLEASE NOTE PRIOR TO COMPLETING THIS APPLICATION:**A person may only be appointed as a Designated Mental Health Practitioner if the person in charge of an approved treatment agency is satisfied that the person meets the following criteria:* The person is a social worker, psychologist, registered nurse, an occupational therapist who has the right of practice under the *Health Practitioners Act 1998*, Aboriginal health worker or paramedic;
* The person has not less than two years approved clinical experience; **and**
* The person has successfully completed an approved training and orientation course
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| Part A - Applicant details |
| I,  |       |  |       |  |       |
|  | Title | Given name | Family name of applicant |
| of | [ ]  Top End Mental Health Service[ ]  Mental Health Central Australia Health Service |
| apply for appointment as a Designated Mental Health Practitioner.I confirm that I meet the following criteria for appointment as a Designated Mental Health Practitioner under the *Mental Health and Related Services Act 1998* *(please attach copies of any relevant documentation):*I am a: [ ]  Social worker[ ]  Psychologist[ ]  Registered Nurse [ ]  Occupational Therapist who has the right of practice under the *Health Practitioners Act*[ ]  Aboriginal health worker [ ]  Paramedic**AND**[ ]  I have two years or more of approved clinical experience.**AND**[ ]  I have successfully completed an approved training and orientation course for my role as a Designated Mental Health Practitioner *(please attach a copy of the Certificate of Completion)*.My qualifications are as follows: *(please include here relevant information demonstrating experience in working in a mental health service, including training and expertise in assessing and treating persons with mental health problems)*      |
| Signature of Applicant |       | Date |    / /    |
| Part B - Endorsement of person in charge |
| I,  |       |  |       |  |       |
|  | Title | Given name | Family name of person in charge of approved treatment agency |
| being the person in charge of the approved treatment agency within:[ ]  Top End Mental Health Service[ ]  Mental Health Central Australia Health ServiceConfirm that the above person meets the criteria for appointment as a Designated Mental Health Practitioner. |
| Signature of person in charge |       | Date |    / /    |
| Part C - Proposed date of appointment |
| **Please note:** Although the applicant may commence employment with the approved treatment agency at any time, they can only commence exercising the powers of a Designated Mental Health Practitioner under the *Mental Health and Related Services Act 1998* from the date on which the instrument is signed by the Chief Health Officer.Applications for appointment of a Designated Mental Health Practitioner will be processed within two working days of receipt of a completed and signed form. |
| Proposed appointment commencement date: |    / /    |
| *(For processing information only. Actual commencement date is the date on which the Chief Health Officer signs the instrument)* | Day/Month/Year |
| **AND** |
| This appointment will cease on: |    / /    |
|  | Day/Month/Year |
| **OR** |
| [ ]  The appointment is permanent |
| Signature of person in charge |       | Date |    / /    |